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THOMAS J. WYNNE  
ANITA L. FARRIS  
LINDA C. KRESE  
GEORGE N. BOWDEN  
ELLEN J. FAIR  
MICHAEL T. DOWNES  
ERIC Z. LUCAS  
DAVID A. KURTZ  
BRUCE I. WEISS  
GEORGE F.B. APPEL  
JOSEPH P. WILSON  
RICHARD T. OKRENT  
JANICE E. ELLIS  
MARYBETH E. DINGLEDDY  
MILLIE M. JUDGE

SNOHOMISH COUNTY COURTHOUSE  
M/S #502  
3000 Rockefeller Avenue  
Everett, WA 98201-4060  
(425) 388-3421

PRESIDING JUDGE  
MICHAEL T. DOWNES  
  
COURT COMMISSIONERS  
LESTER H. STEWART  
JACALYN D. BRUDVIK  
TRACY G. WAGGONER  
SUSAN C. GAER  
LEE B. TINNEY

SUPERIOR COURT ADMINISTRATOR  
BOB TERWILLIGER

RE: **GAL TITLES 4, 26, 11 AND MINOR SETTLEMENT REGISTRY  
APPLICATION**

*(Note: A separate application packet must be submitted for each registry)*

Dear Applicant:

For each registry you wish to apply, the following forms must be submitted:

1. Confidential Application Form and Authorization for Release of Information (attached)
2. Application Form (attached); and you may also attach your resume/CV.
3. Oath of Guardian ad Litem (attached)
4. Sworn statement regarding any complaints/claims/grievances (or lack thereof) filed against you and their disposition.
5. W9 (if you are new to our Registry; available on the website)

Additionally, please make sure to download and read the following:

6. Copy of Snohomish County Guardian ad Litem Registry Code of Conduct
7. Copy of Snohomish County Guardian ad Litem Administrative Policies
8. Washington State GALRs and Snohomish County LCGALRs.

Please mail the completed application/s **with all attachments** to:

Shawnee Schaeffer  
Judicial Services Supervisor  
Snohomish County Superior Court  
3000 Rockefeller Avenue, M/S 502  
Everett, Washington 98201

Thank you for your interest in serving as a Guardian Ad Litem for Snohomish County Superior Court.

Enclosures

## CONFIDENTIAL APPLICATION AND RELEASE

Application for **Title 11, 26, Minor Settlement** and **Title 4** Guardian ad Litem

***The information provided by you on this page will be kept in a separate file due to confidentiality. For criminal history check purposes, please provide:***

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(including middle name)

Maiden Name: \_\_\_\_\_ All Aliases: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(\***mandatory**)

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
\_\_\_\_\_  
Zipcode Fax #: \_\_\_\_\_

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### RELEASE

(To be enclosed with your application)

TO:

<input checked="" type="checkbox"/> Washington State Patrol	_____ Washington State Bar Association
_____ Washington State Medical Assoc.	_____ Washington State Nursing Commission
_____ Washington Board of Psychology	_____ Washington State Dept. of Licensing

I, \_\_\_\_\_, (Professional License No.: \_\_\_\_\_),  
hereby authorize you for the purpose of my application and/or work as a  
Snohomish County Guardian ad Litem, to release information to and discuss  
such information with:

Guardian ad Litem Coordinator  
Snohomish County Superior Court  
3000 Rockefeller Avenue, M/S 502  
Everett, WA 98201

This RELEASE includes, but is not limited to, all records and information  
concerning any official disciplinary action or any pending active investigation you  
have with regard to me.

\_\_\_\_\_  
Signature/Date

## SNOHOMISH COUNTY SUPERIOR COURT: GAL APPLICATION

Application for: (please check)

\_\_\_\_\_ Title 26 \_\_\_\_\_ Title 11 \_\_\_\_\_ Title 4 \_\_\_\_\_ Minor Settlement

***The following information provided by you will be made available to the public for review:***

Name: \_\_\_\_\_

Business Name or Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_ (*This will not be kept confidential.*)

WSBA or Washington State Certificate #: \_\_\_\_\_

1. I hereby apply to serve as a Guardian ad Litem.
2. I swear that I have never been convicted of a felony.
3. I swear that I have never been convicted of a crime involving moral turpitude.
4. My formal education is as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. I attended the following GAL training(s):  
Superior Court: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

~ OR ~

\_\_\_\_\_ I was not able to attend the training for good cause (specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. A summary of my: Family Law/Estate/Personal Injury experience (whichever applies to this application) and appointments as GAL is as follows: (Include years of experience, number of appointments, and court(s) of appointment, use resume/CV or attachments for additional space)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. The following is a statement of my criminal history, if any, as defined by RCW 9.94A.030:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. The following is a statement of the extent of liability coverage in force covering any errors, omissions and acts of professional negligence (provide name of company and policy limits):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. I agree to advise the Court immediately in the event of any complaint, investigation or action being commenced, which could lead to professional discipline, or the suspension or revocation of my professional license, or to the filing of criminal charges for felony or crime involving allegations of theft, dishonesty or moral turpitude. **Please initial:** \_\_\_\_\_

10. I certify that I have read and agree to be bound by the Court's policies in cases in which compensation is sought at public expense. Currently, the rate for County cases is set at: \$50/hour up to 12 hours max., including

costs. I also certify that I have read and agree to be bound by the Code of Conduct of the Snohomish County Guardian ad Litem Registry.

**Initial:** \_\_\_\_\_

11. My private pay fees are as follows: \$\_\_\_\_\_ Retainer; and \$\_\_\_\_\_ per hour. Other: (if applicable) \_\_\_\_\_

\_\_\_\_\_.

12. Please include the following with this application (**check the items to acknowledge inclusion of these within the packet**):

\_\_\_\_\_ Copy of the certificate from the training provider evidencing successful completion of the current training required for the area of Guardian ad Litem practice;

\_\_\_\_\_ Curriculum vitae, showing work and professional or personal experience in or related to the GAL Registry to which I am applying, that would assist in the performance and completion of Guardian ad Litem duties;

\_\_\_\_\_ Signed release of information directed to all professional regulatory bodies, which have licensed or supervised the applicant within the last ten (10) years;

\_\_\_\_\_ Description of the nature, status and outcome of any professional complaints, investigations or disciplinary actions, lawsuits or professional liability claims and any order for removal of the Guardian ad Litem prior to completion of the Guardian ad Litem's duties; or sworn statement that no complaints, etc have been filed against you.

\_\_\_\_\_ Description of any claims, or litigation that has been commenced, involving allegations of improper fee charges, charges of fraud, theft or other forms of dishonesty or professional malpractice or misconduct; or sworn statement that no claims, etc have been filed against you.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

at \_\_\_\_\_.

(City where signed)

\_\_\_\_\_  
Signature of Applicant

## **OATH OF GUARDIAN AD LITEM**

I am on the Guardian ad Litem Registry for Snohomish County. Whenever appointed to act as Guardian ad Litem, I will perform all duties required of me by law. Further, I agree to be bound and will abide by the Code of Conduct of the Snohomish County Guardian ad Litem Registries.

I declare, under penalty of perjury of the laws of the State of Washington, that the foregoing is true and correct.

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Signature/Date

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Printed Name

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Business Address

---

City and State

Zip Code

---

Business Telephone Number